person other than a widow, widower, or single person can claim a housekeeper allowance in spite of representations from professional women's organizations, this being the worst of all possible worlds. An earned income allowance is unrelated to her family responsibilities. I suggest that a married woman who has children under 16 or a dependent relative and who is in at least part-time employment should be given an earned income allowance that increases with the number dependants. This would enable her to pay for adequate domestic help, thus increasing her work capacity without seeing her own income disappear in expense.

Margaret Elms

Belfast

Sir,—Your leading article "State of Health" (28 December, p. 732) quotes figures which show that only a minority of British-trained women doctors are employed by the N.H.S. posts within the N.H.S. It does not quantify part-time work by women, nor the loss to the community of trained doctors by emigration.

Dr. Dora Black (15 February, p. 393) seeks a solution to the problems of "women" doctors so that "a large work force, eager to use their skills" can return to adequately paid employment, bearing in mind the financial consequences of such work which includes, in Dr. Black's submission, the substantial sum of £1330 per annum devoted entirely to her home and family.

The whole problem is considered it must be accepted that any success in the medical profession depends on the right skills being supplied where and when these are required. Such demands are not easily compatible with motherhood. Medically qualified mothers, presumably eager to have children, may then have to make sacrifices from either their own professional aspirations and pursuits or their households. What is the effect of all of us dropping out more? Could this prevent some of them from being claimed more with the emergency work in unpopular places? Should we seriously consider extra pay for some doctors to provide for their children's care, fit meals, and those unimagined exclusively medical clothes in the face of existing tax differentials? What are the inequalities in returns from professional journals and conferences?

It is time Dr. Black and her fellow-sufferers examined their position honestly and before too many women students give up in despair. As a whole-time consultant psychiatrist (and a woman) I would advise such students that I at least have been treated absolutely fairly by my male colleagues. It is only when professional women see to gender differences in personal restrictions that they must choose between having their cake and eating it; the choice is theirs. It would be a pleasant change to hear some constructive suggestions from those medical mothers who feel that work is worth while instead of the constant stream of excuses and demands for preferential treatment.—I am, etc.,

Nancy K. Shrubshall

Bee Vale Hospital, Wroxton, Exeter

Alpha-fetoprotein in Amoebic Colitis and Liver Abscess

Sir,—I would like to report the association of amoebic colitis and amoebic liver abscesses with the finding of α-fetoprotein (AFP) in the serum, as evidenced by the following case. To the best of my knowledge this association has not been previously described.

A 59-year-old Negro man presented with a two-week history of bloody diarrhoea, painful abdominal distension, and a weight loss of 21.7-75 kg. Total bilirubin was 151-5 mg/100 ml, of which 104-5 pmol/l (61 mg/100 ml) was conjugated. All hepatic enzyme levels were grossly elevated, the prothrombin index was 60%, and the E.S.R. was 120 mm in the first hour (Westergren). Entamoeba histolytica was recovered from the stool and from amoebic abscess from the liver. Tests for serum AFP, utilizing the Ouchterlony immunodiffusion method, were positive. In spite of energetic therapy the patient died and necropsy confirmed an enormous hepatic abscess. There were no signs of cirrhosis, and careful search failed to reveal any tumour. The intestine contained numerous absceses. The tests were normal.

AFP has been demonstrated as a measurable parameter of malignancy, more particularly of primary hepatocellular carcinoma and embryonal tumours. In our case the alpha-fetoprotein associated with malignancy are rare but have been reported in viral hepatitis and cirrhosis, though in the latter the possibility of subclinical primary liver cell carcinoma could not be excluded. In 16 clinical cases of amoebic abscess, five confirmed pathologically, tests for AFP were negative.

Though a positive AFP test is good corroborative evidence of hepatic or gastrointestinal malignancy, the possibility of other conditions should be borne in mind. With the increased sensitivity of radioimmunossay over immunodiffusion techniques it is quite feasible that other cases will be found to be associated with the presence of the specific globulin in the serum. Experimental evidence to support this is available from Purves, who has shown that the administration of amoebae to baboons causes a rise in AFP level during the early hepatoxic stage, during liver regeneration following a rest period, and once a tumour is established. It is concluded therefore that a hepatic mass with positive AFP test should not exclude treatable disease without further investigation, and a study of the incidence of AFP positivity in benign, space-occupying lesions of the liver would be of interest.—I am, etc.,

Pau1 Gezat

Department of Medicine,
University of Cape Town Medical School and Groote Schuur Hospital,
Cape Town

Levodopa and Dopadecarboxylase in Treatment of Postural Hypotension

Sir,—We wish to report the case of a man aged 65 who for many years had suffered from severe postural hypotension, which has now been controlled with an extra-

pyramidal syndrome. This patient was treated with levodopa. At that time a study by rheocencephalography of the patient's postural regulatory mechanisms showed an obvious decrease in cerebral blood flow when the blood pressure fell, despite an accompanying tachycardia and vasconstric-
tion of the leg vessels. These symptoms were unlike those seen in the Shy-Drager syndrome. The hypotension was unaffected by treatment with dichydroergotamine, phenyllephrine, and heavinol together with levodopa.

In 1974 Modopyr (levodopa with benzoxyride) was substituted for levodopa. After three weeks further study by rheo-
cencephalography showed an increase in cere-
bral blood flow when the patient was sitting, which, nevertheless, was associated with a large fall in blood pressure as in the previous study (from 125/90 mmHg to 60/40 mmHg). Despite this fall the patient did not feel faint.

These findings invite three comments. (1) Blood pressure measurements in postural hypotension are not a good guide to the state of cerebral blood flow. (2) The findings corroborate in man the part played by central catecholamines in the postural regulation of cerebral blood flow already shown in animals. (3) There is a chemically and anatomically distinct action on the nervous mechanisms responsible for the postural hypotension. The hypotension was unaffected by treatment with dichydroergotamine, phenyllephrine, and heavinol together with levodopa.—We are, etc.,

F. BOISSINAK J. BOUQET

Rouen, France

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